Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>03-26-2010</u>	Address:	<u>5745W CR550N</u>
Case #:	<u>16F19617</u>		<u>Tipton, IN 46072</u>
County:	<u>Tipton</u>		
Type of Laboratory Seizure (check one) Seizure Location (check all that apply)			
Chemic	onal Lab cal/Glassware/Equipment (only) ite (only)	☐ Residence☐ Outbuilding☐ Vehicle	☐ Hotel/Motel ☐ Open – No Structure ☑ Other: back yard
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s): back yard			
Red Phosphorous/Iodine Reaction(s): N/A			
Flammable Solvents: back yard			
Water Reactive Metal (Lithium): back yard			
Anhydrous Ammonia: N/A			
Hydrochloric Acid Gas Generator(s): back yard			
Corrosive Acid: back yard			
Corrosive Base: N/A			
Other (i	tem and location): N/A		
Child under age 18 discovered (check one) ☐ Yes N/A (number present) ☐ No *If yes, fax report to Child Protective Services		Investigative Information ☐ Ephedrine/Pseudoephedrine Tracking Log ☐ Retail/Merchant Tip ☐ Other: Tipton Co. Sheriff's inv.	
This repor	t is to be faxed to the following agen	icies that serve the l	ocation:
Fire Depart	ment: <u>Tipton FD</u>	Fax: <u>(765) 675-3500</u>	
Health Department: <u>Tipton HD</u>		Fax: <u>(765)</u> Fax: N/A	<u>675-6952</u>
Child Prote	ection Service: <u>N/A</u>	- WI. 11/11	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Joshua Maller Phone (765) 473-6666			

^{**} This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

^{***} This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.